

REQUEST FOR SUSPENSION FORM

Mail or Fax a copy of this form to: Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210 PHONE (803) 896-5100 FAX (803) 896-5199	Need Assistance with completing the Form? SC Office of Regulatory Staff Transportation Department PHONE: (803) 737-0800
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DATE: 8/27/15

Please consider this as my Request for **Suspension** of:

- ☐ Class C Taxi Certificate Number _____
- ☐ Class C Charter Certificate Number 8866
- ☐ Class C Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____
- ☐ Class E Household Goods Certificate Number _____
- ☐ Class E Hazardous Wastes Certificate Number _____

RECEIVED
AUG 27 2015
PSC SC
CLERK'S OFFICE
COPY
Dept: SA/ORS
Date: 8/28/15
Time: 10:52

I request that my certificate be suspended until 90 Days from Receive of Form 11/30/2015
Date: (mm/dd/yyyy)

ABS Transportation LLC
(Name of Company)

PO Box 704
(Street and or Mailing Address)

803 238-1800
(Telephone Number)

Iemo SC 29063
(City, State, Zip Code)

[Signature]
(Signature and Title, i.e, President, Owner)

D/B/A _____
(if applicable)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:
Not under any "agreement" at this time to transport
Do to the fact ABS Trans cannot sustain business
over head at this time ie: insurance
feel free to contact ABS with any questions